

FGF-23

GATHERING THE EVIDENCE

Mohamed M NasrAllah

Associate Professor of Nephrology

Kasr Al-Ainy School of Medicine

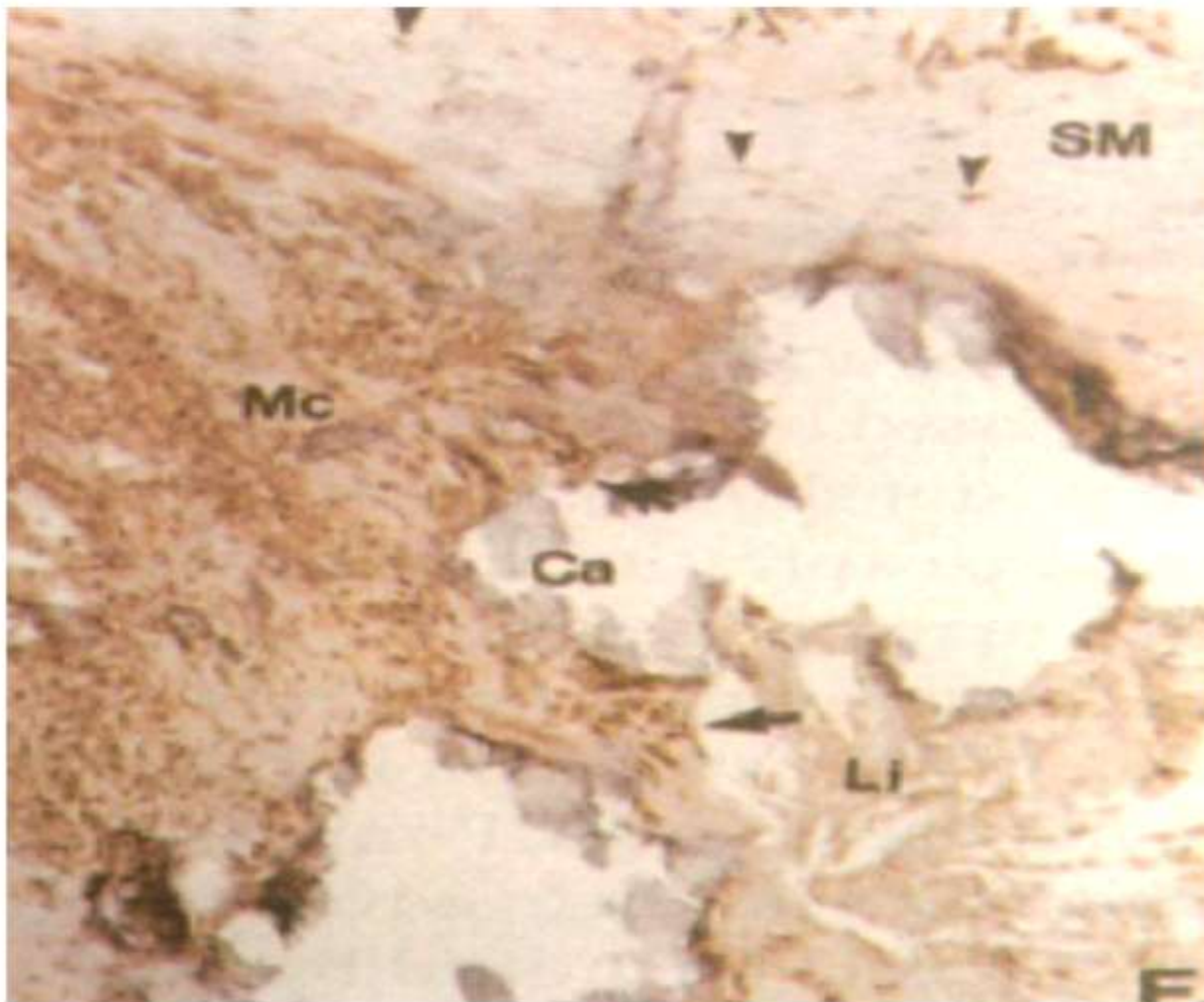
Cairo University

18-4-2014

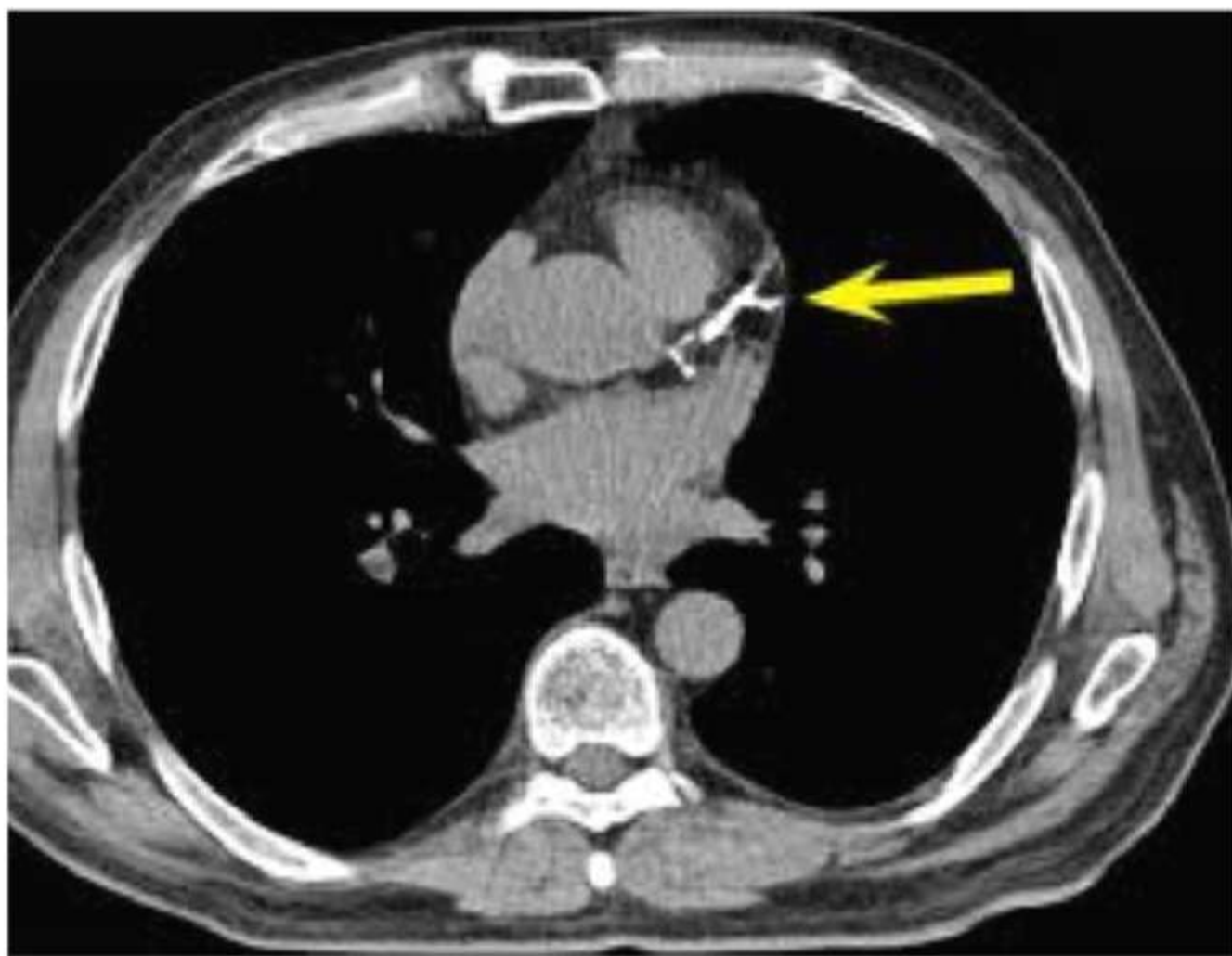


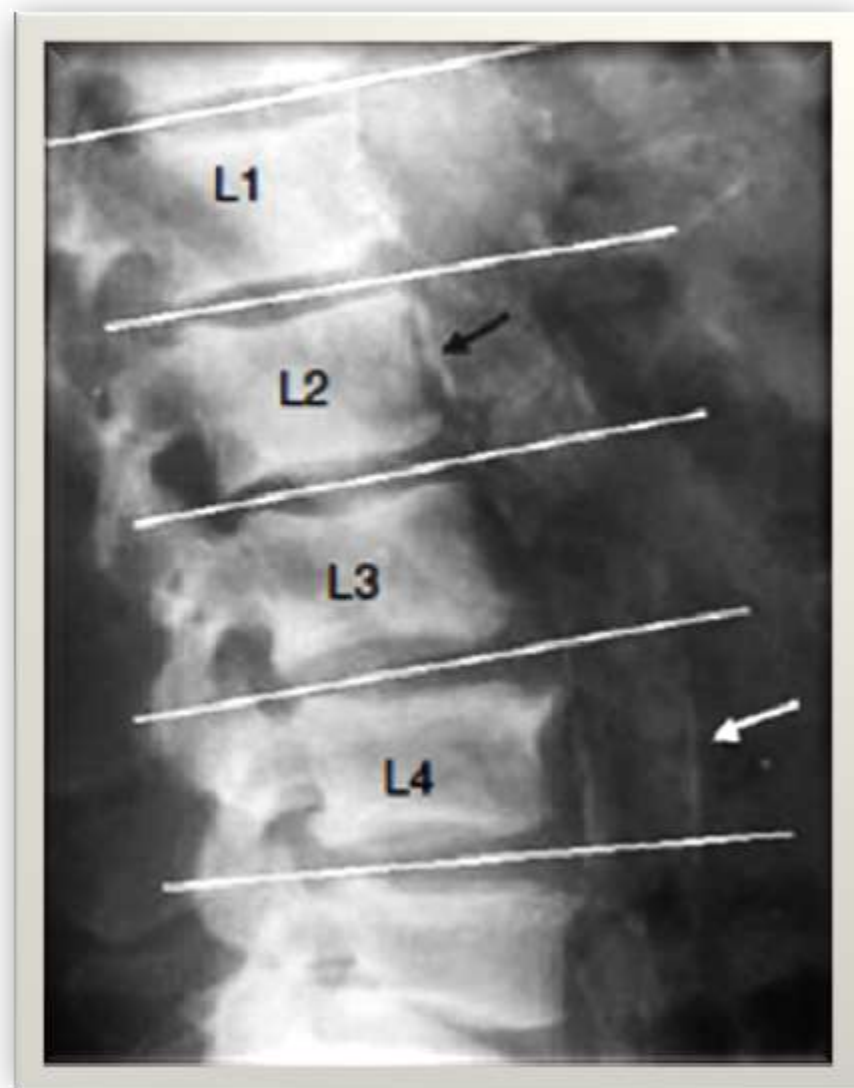
Adragao, 2003

FIRST THREAD



Shanahan et al, JCI, 1994





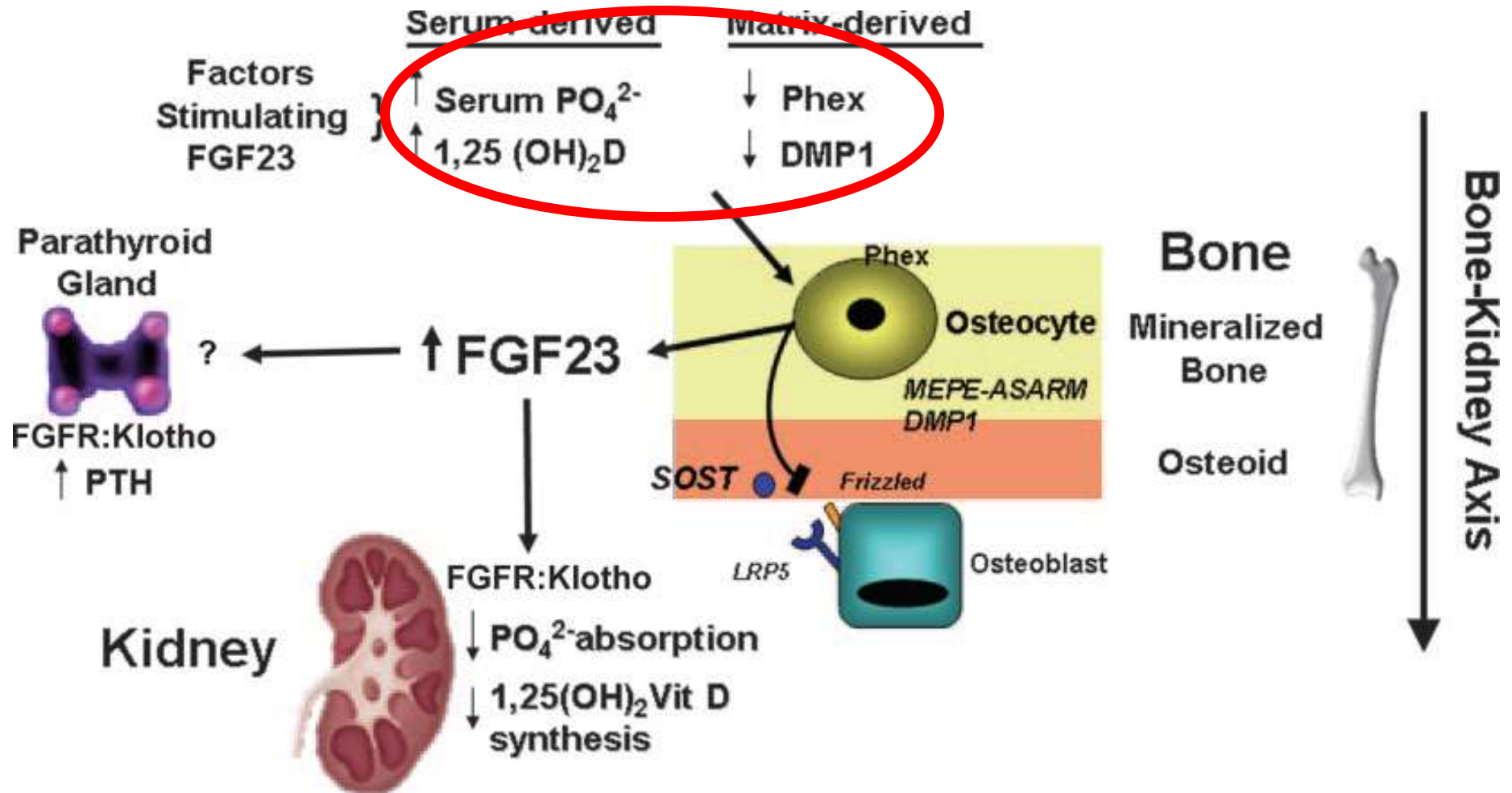
SECOND THREAD

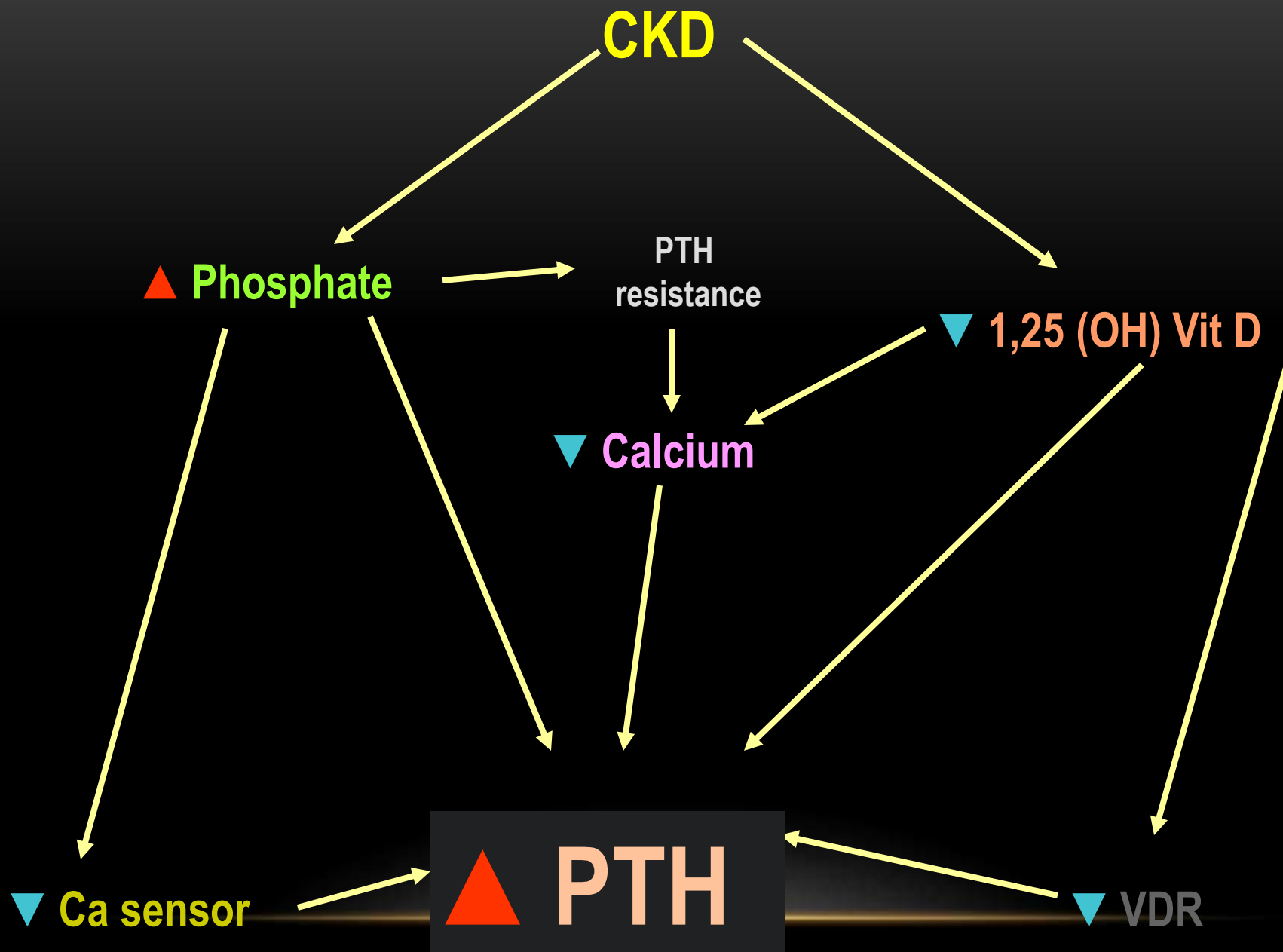
- X-linked
- AD
- AR
 - hypo-phosphatemic rickets
- Tumour induced osteomalacia

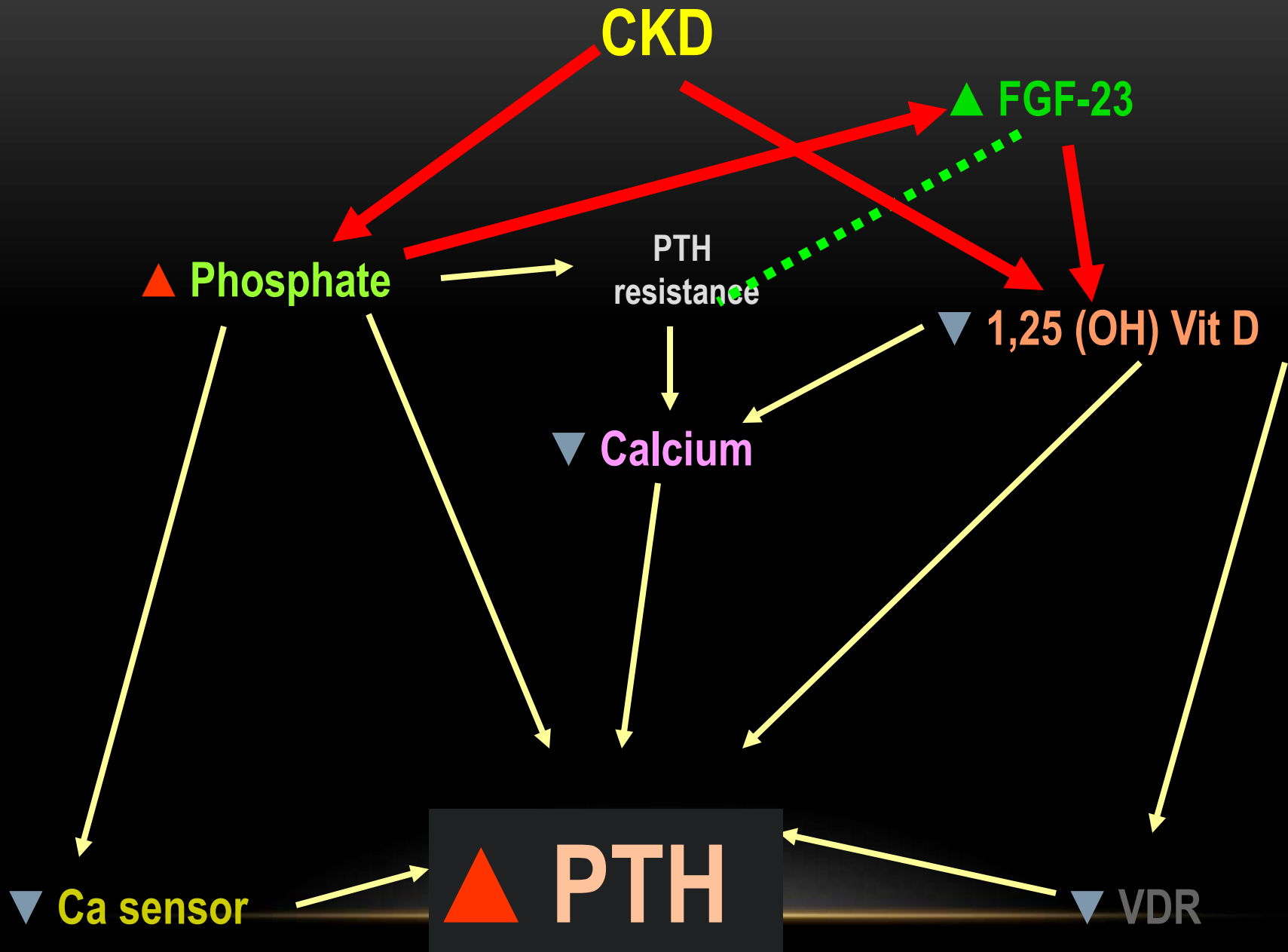
“Phosphatonin”

FGF-23, *the phosphatostatin*

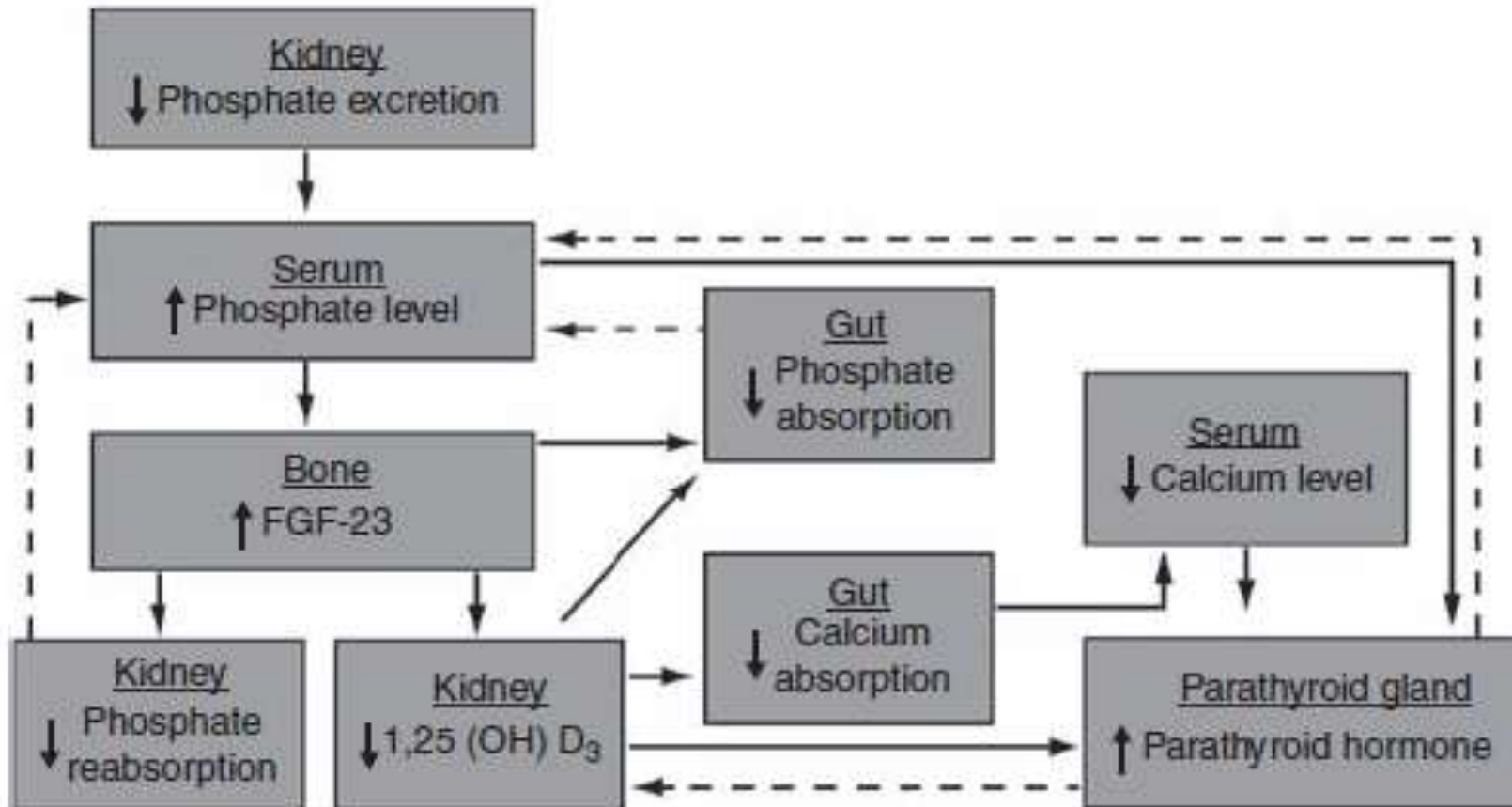
- Identified in 2000
- DNA cloned from tumour tissue of patients with TIO, 2001
- Inhibits Na/Pi cotransporter IIa in the PCT
- Inhibits 1α hydroxylation of vit D







A new understanding of CKD-BMD

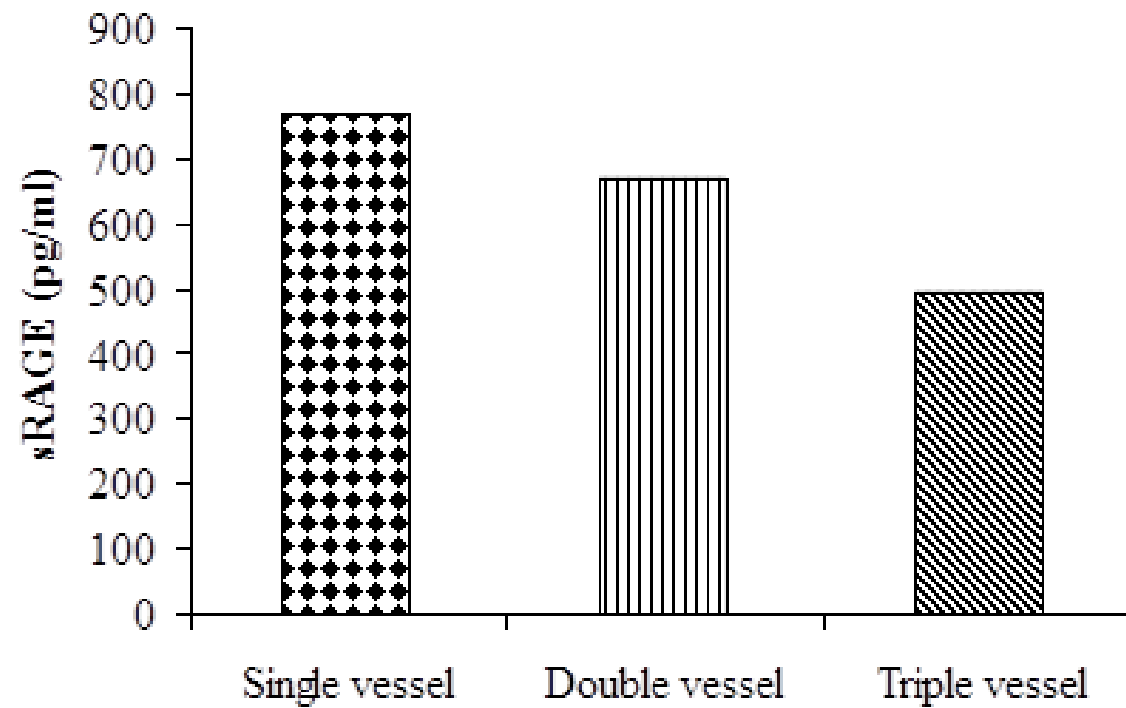


Seiler, KI, 2009

THIRD THREAD

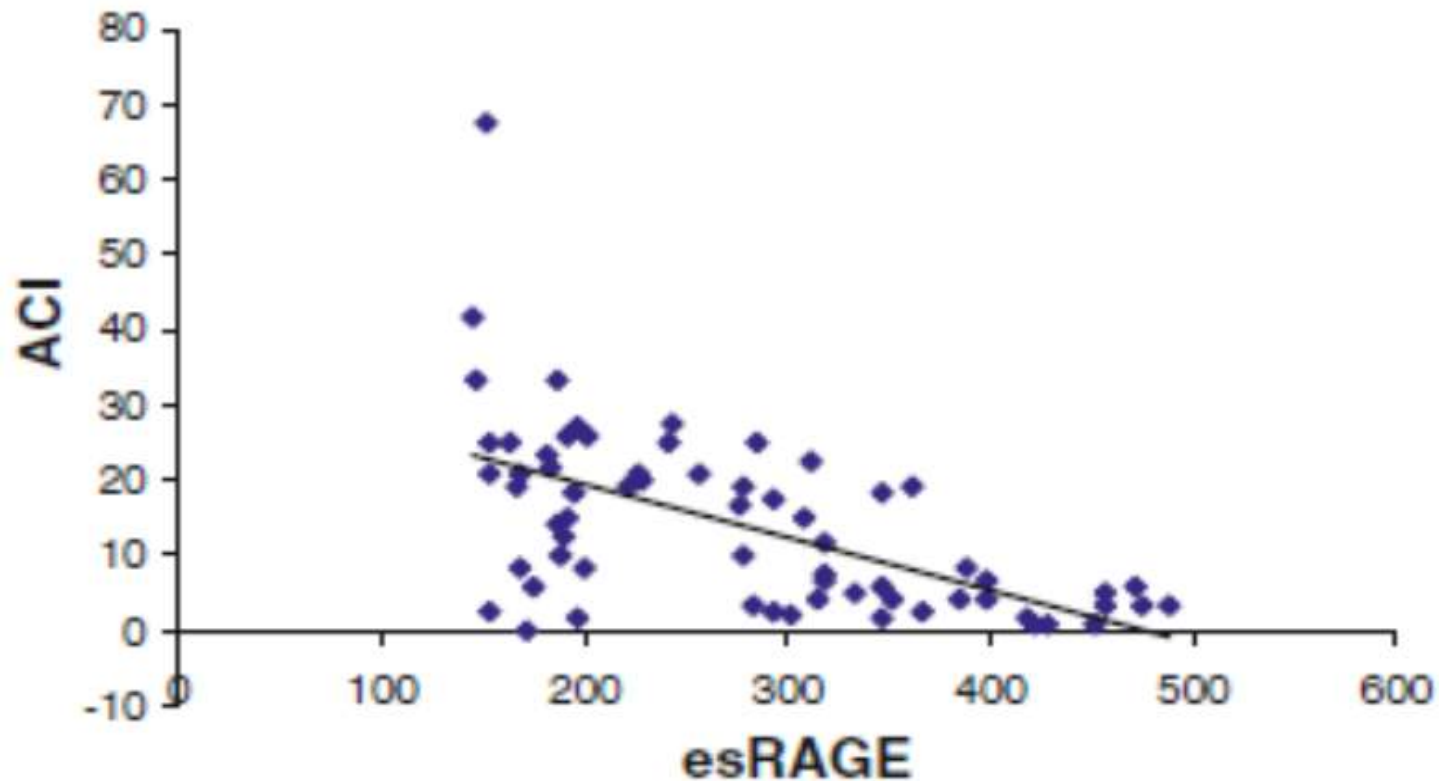
Inflammation

- Malnutrition-Inflammation-Atherosclerosis
 - CRP
 - R.O.S
 - AGE's (in diabetics?)



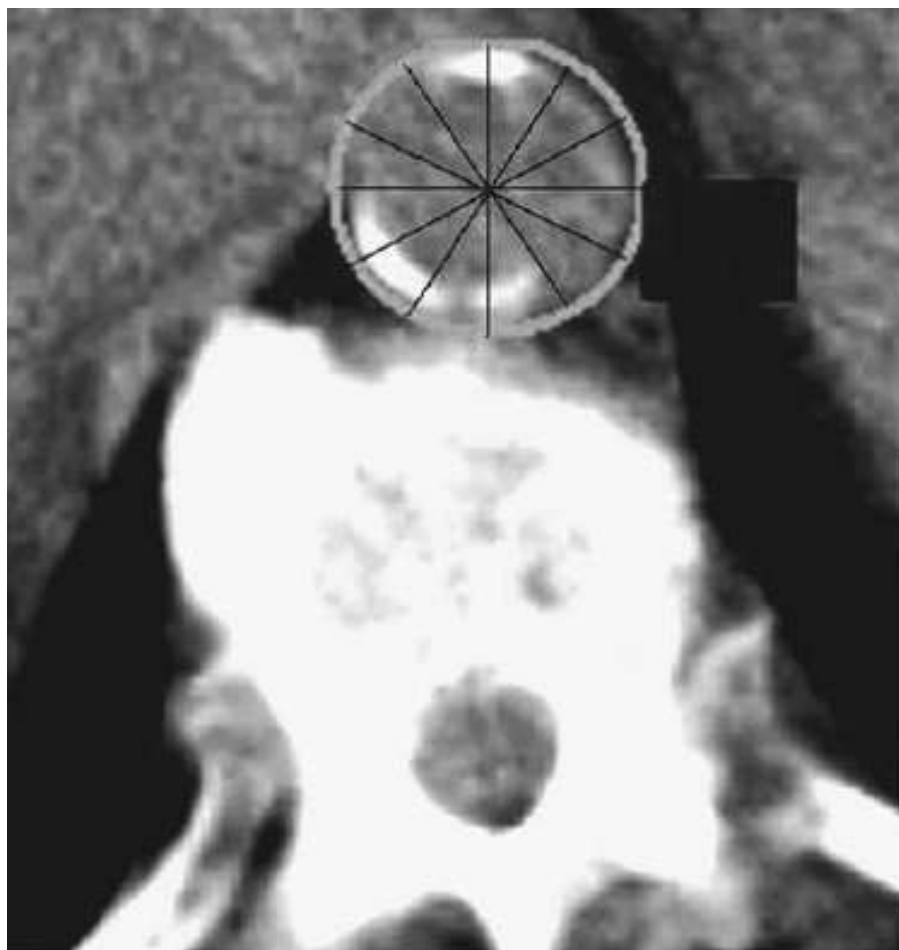
Diab R et al, J Egy Soc Int Med 2007

esRAGE negatively associated with Aortic Calcification

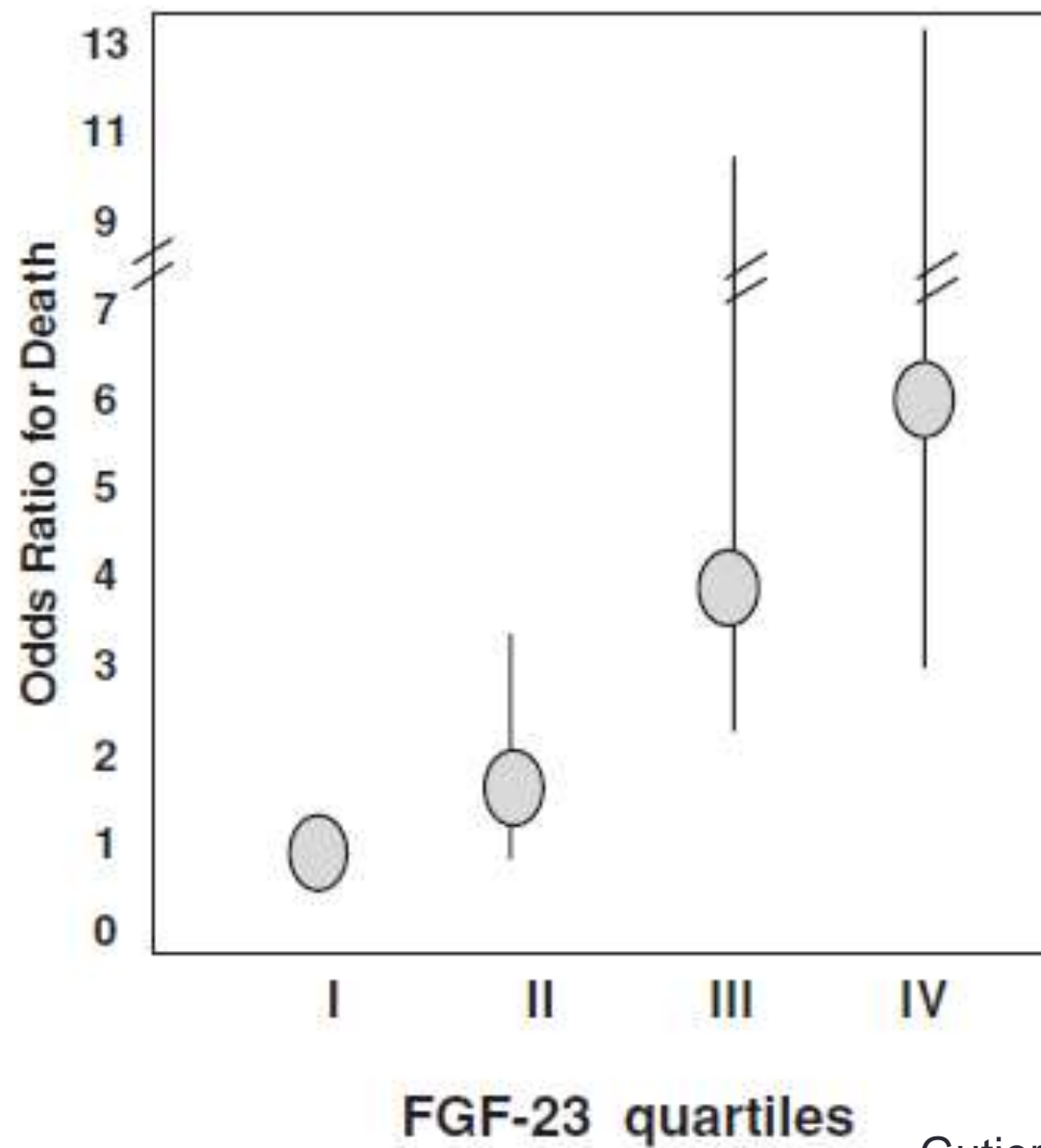


Putting it all together

- Hypothesis: FGF-23 protective against aortic calcification in CKD (??)
- Rationale:
 - Findings in animal models



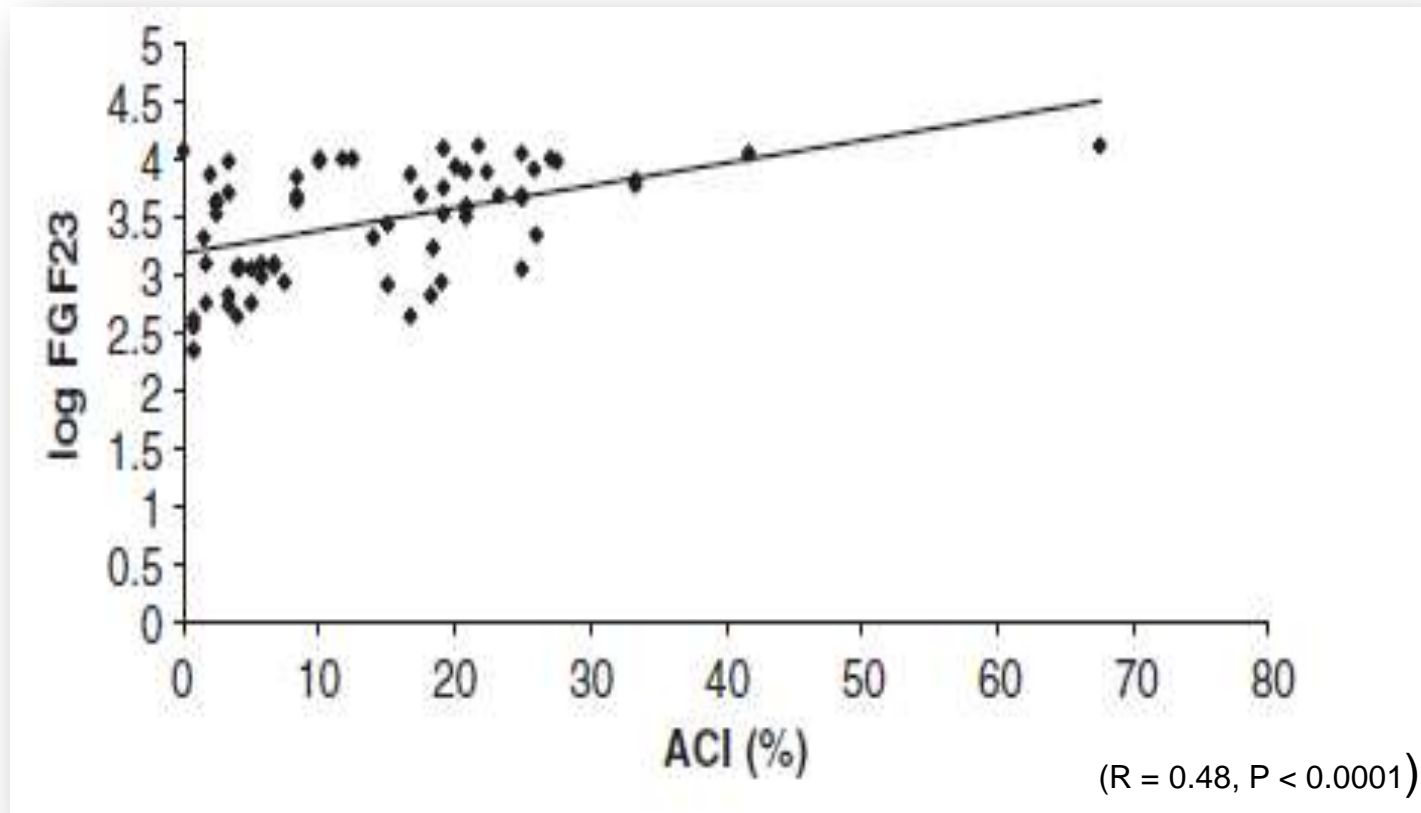
NasrAllah et al, NDT,2010





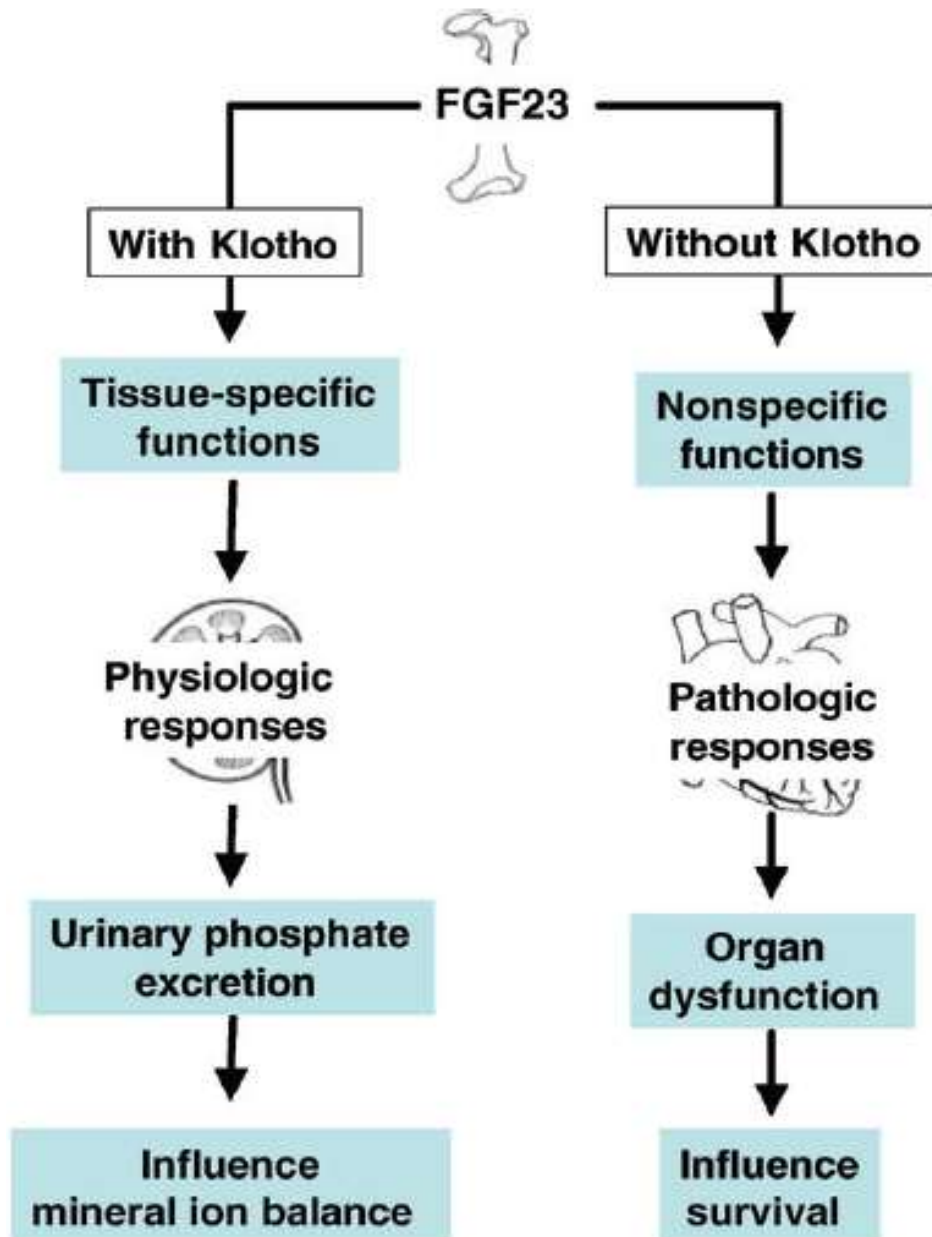
FGF-23 40X that of controls

Aortic calcification was present in 98% (all but one) of our HDx patients



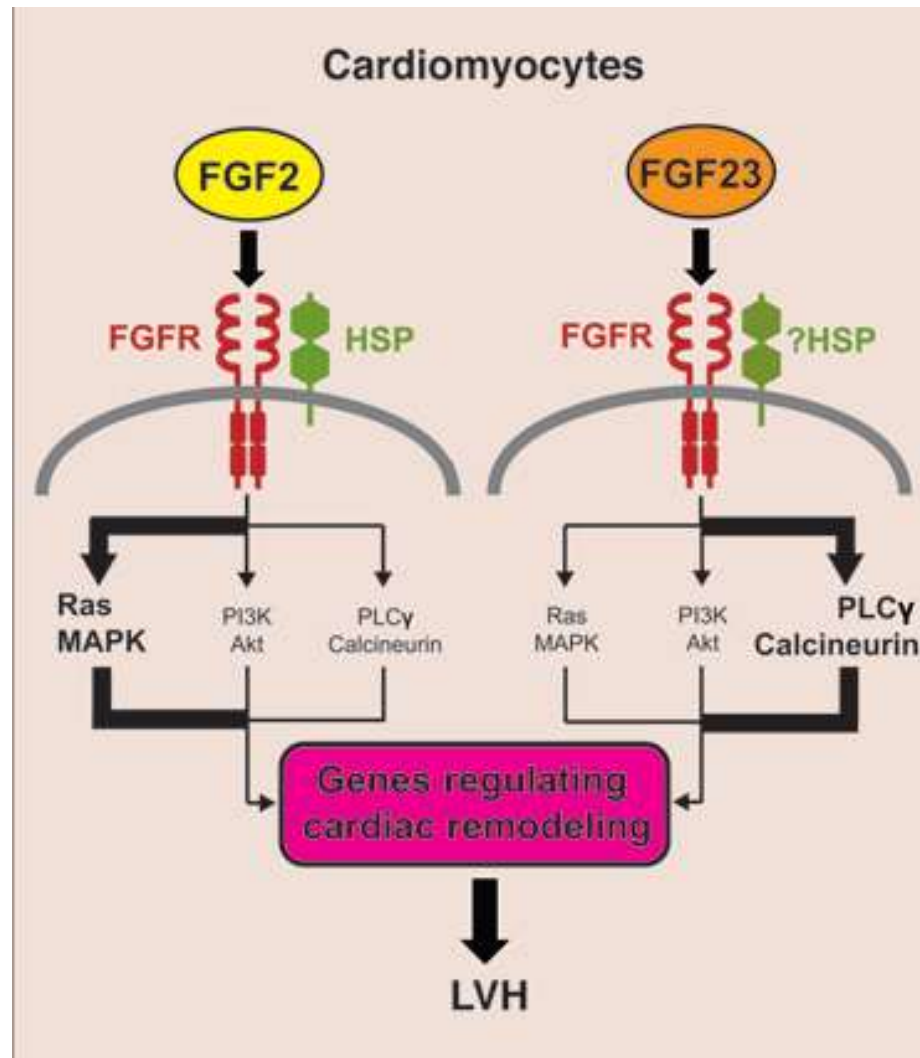
	Significance; <i>P</i>	β	95% CI
Pooled analysis: $R^2 = 0.476$			
FGF-23	<0.0001	0.58	0.001–0.002
Systolic BP	<0.0001	0.48	0.18–0.4
Incident: $R^2 = 0.37$			
FGF-23	0.007	0.6	0.001–0.005
Prevalent: $R^2 = 0.48$			
Systolic BP	<0.0001	0.49	0.15–0.4
FGF-23	0.002	0.38	0–0.002
Age	0.012	0.3	0.084–0.63

- ?hyperphosphatemia
- ?hyperparathyroidism
- ?calcitriol intake
- ?decreased clearance
- ?other mechanisms



Razzaque, 2009, NDT

FGF-23 stimulates tyrosine kinases



Faul et al, 2011

FGF23 neutralization improves chronic kidney disease–associated hyperparathyroidism yet increases mortality

Victoria Shalhoub,¹ Edward M. Shatzen,¹ Sabrina C. Ward,¹ James Davis,¹ Jennitte Stevens,²
Vivian Bi,² Lisa Renshaw,² Nessa Hawkins,² Wei Wang,² Ching Chen,² Mei-Mei Tsai,²
Russell C. Cattley,³ Thomas J. Wronski,⁴ Xuechen Xia,⁴ Xiaodong Li,¹
Charles Henley,¹ Michael Eschenberg,⁵ and William G. Richards¹

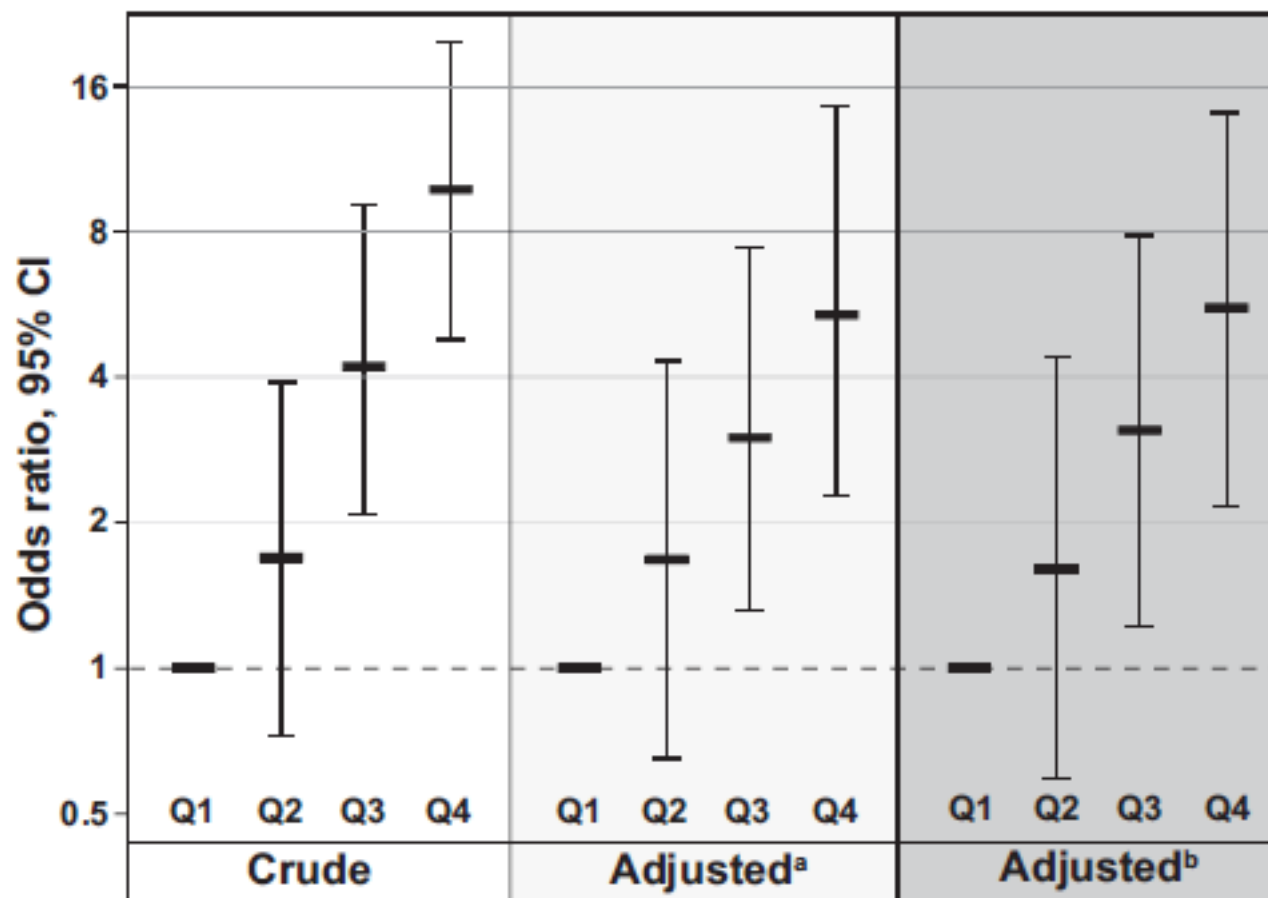
Fibroblast growth factor 23 is not associated with and does not induce arterial calcification

Julia J. Scialla^{1,12}, Wei Ling Lau^{2,12}, Muredach P. Reilly³, Tamara Isakova¹, Hsueh-Ying Yang⁴, Matthew H. Crouthamel⁴, Nicholas W. Chavkin⁴, Mahboob Rahman⁵, Patricia Wahl¹, Ansel P. Amaral¹, Takayuki Hamano⁶, Stephen R. Master⁷, Lisa Nessel⁶, Boyang Chai⁶, Dawei Xie⁶, Radhakrishna R. Kallem³, Jing Chen⁸, James P. Lash⁹, John W. Kusek¹⁰, Matthew J. Budoff¹¹, Cecilia M. Giachelli⁴ and Myles Wolf¹ for the Chronic Renal Insufficiency Cohort Study Investigators

Scialla JJ, KI, 2012

SO, WHAT IS GOING ON??

Association of ascending quartiles of FGF-23 with severe inflammation



- FGF-23 is clearly associated with vascular calcification but possibly not through a direct causative effect
- FGF-23 is associated with inflammation
- Inflammation is associated with vascular calcification (and is possibly directly causative, including AGE's)

Original Paper

The Association between Fibroblast Growth Factor-23 and Vascular Calcification Is Mitigated by Inflammation Markers

Mohamed M. NasrAllah^a Amal R. El-Shehaby^b Noha A. Osman^a
Tarek Fayad^a Amr Nassef^c Mona M. Salem^d Usama A.A. Sharaf El Din^a

Stepwise multiple regression analysis of factors correlating to FGF-23, R²0.68

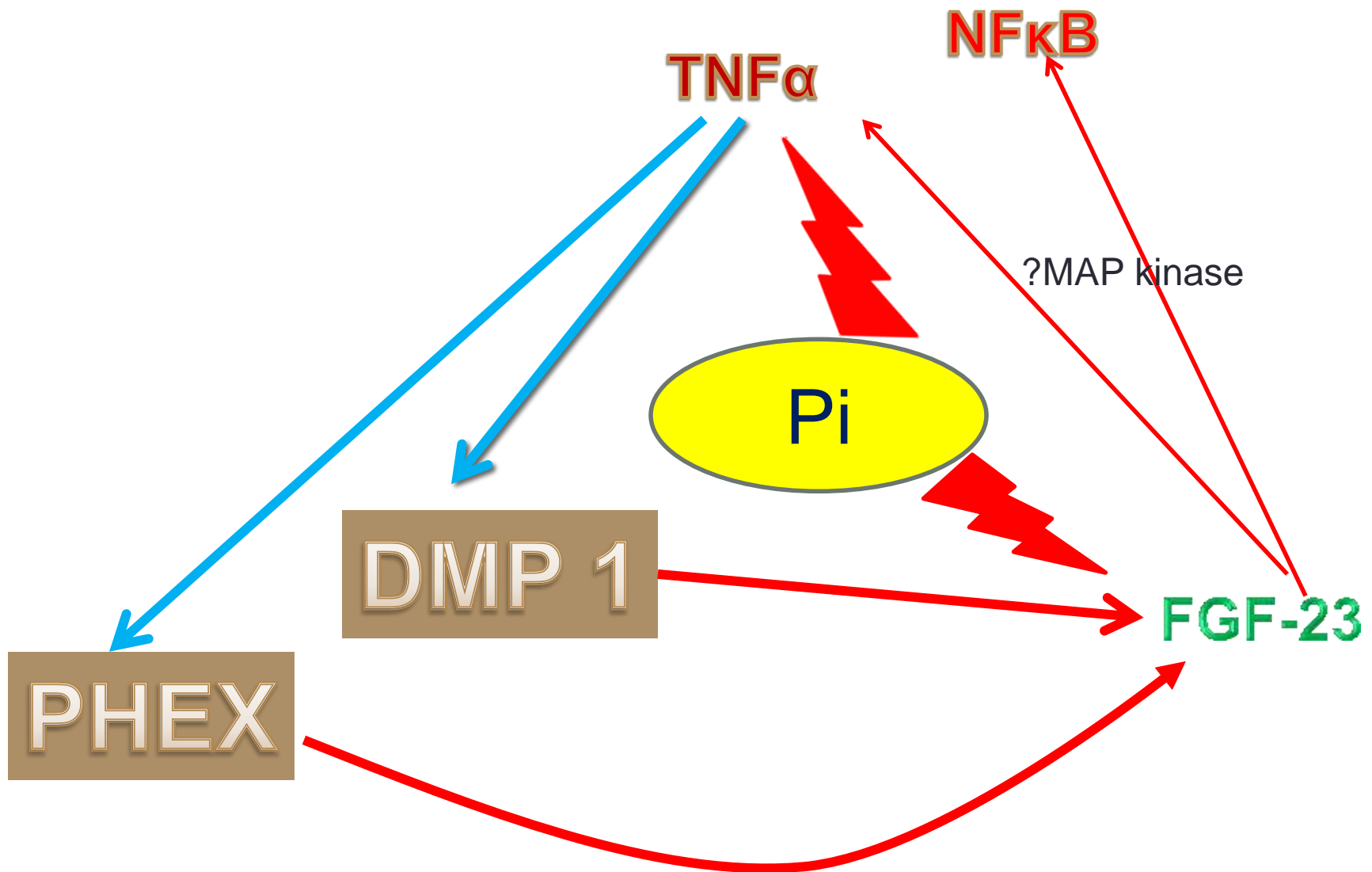
	Beta	P	95% CI
hsCRP	0.6	<0.0001	387-634
AOPP	0.4	<0.0001	8-20
Phosphorus	0.3	<0.0001	273-733



FGF-23

	Beta	P	95% CI
hsCRP	0.47	<0.0001	0.7-1.7
SBP	0.33	<0.0001	0.1-0.3
esRAGE	-0.3	0.001	-0.06- -0.014
Vintage	0.16	0.04	0.06- 0.1

Stepwise multiple regression analysis of factors correlating to ACI, R²0.65





DR. JEKYLL
and MR. HYDE

ROUBEN MAMOULIAN
Production

FREDRIC MARCH

MIRIAM HOPKINS and ROSE HOBART

